

Montana Department of Justice

Child and Family Ombudsman Request for Assistance:

Date of Request:	

06.2014 Who are you? Last Name _____ Middle Initial ____ Street Address City/State/Zip ____ ___Country _____ Is your street address the same as your mailing address? \square Yes \square No If no, please provide an address to receive mail: Mailing Address _____ City/State/Zip _____ Primary Phone _____ Home/Work/Cell Okay to leave a message? \square Yes \square No Okay to send an email? Yes No Email Address How do know this child or family? ☐ Child's Parent ☐ Child's Attorney ☐ Parent's Attornev Child's Legal Guardian ☐ Office of the Public Defender ☐ Child's Grandparent ☐ Other Relative ☐ Other Attorney Specify _____ Specify _____ Child □ DPHHS Employee ☐ Licensed Parent ☐ Attorney General's Office ☐ Community Professional or Service Provider ☐ County Attorney ☐ CASA/GAL ☐ Teacher or School Employee Specify Specify _____ □ Law Enforcement Professional Other Relationship Specify Specify Acronyms you might see: CASA - Court Appointed Special Advocate GAL - Guardian ad Litem **CPS** - Child Protection Specialist **DPHHS** - Department of Public Health and Human Services

AG - Attorney General

CFSD - Child and Family Services Division DOJ - Department of Justice

Optional information:			
☐ African American	Primary langu	uage:	
☐ American Indian or Alaska Native			
☐ Asian American	Are you hear	ing impaired?	☐ Yes ☐ No
☐ Native Hawaiian Pacific Islander			
Hispanic	Are you vision	n impaired?	☐ Yes ☐ No
☐ Caucasian			
☐ Multi-racial		•	on or translation services?
Other	☐ Yes ☐	」No	
Who is the child?			
(If more than one child please provide name, age, birth	date, and sex for each child o	n additional pages.)
Legal Last Name	Legal First Name	e	Middle Initial
Age/ Date of Birth//	(Day/Month/Year)	Sex [] Male □ Female
Mha ia tha raananaihla adul	t whore the chi	ld lives no	0
Who is the responsible adult	. where the chii	ia lives ric)W?
Last Name	First Name		Relationship to child
Current Street Address			Apt. #
City/State/Zip			
Primary Phone			
Secondary Phone			
Email Address	Oka	y to send an email	l? ☐ Yes ☐ No
Does the child have an attor	ney?		
☐ Yes ☐ No ☐ Don't Know If Yes and	I available, attorney's	name and pho	one number
Does the child have a Court or a Guardian ad litem (GAL)		ecial Advo	cate (CASA)
☐ Yes ☐ No ☐ Don't Know If Yes and	l available, CASA/GA	L's name and	phone number

Child's optional information	า:	
☐ African American	Child's primary language:	
☐ American Indian or Alaska Native		
Asian American	Is the child hearing impaired? $\ \square$ Yes $\ \square$ No	
☐ Native Hawaiian Pacific Islander	_	
Hispanic	Is the child vision impaired? \square Yes	☐ No
☐ Caucasian		
☐ Multi-racial	Does the child require interpretation or	translation services?
☐ Other	☐ Yes ☐ No	
Who is the child's mother?)	
Last Name	First Name	Middle Initial
Street Address		Apt. #
City/State/Zip		
Primary Phone	Home/Work/Cell Okay to leave a message?	Yes No
Secondary Phone	Home/Work/Cell Okay to leave a message?	Yes No
Email Address	Okay to send an email?	Yes No
Does the mother have an attorney?	☐ Yes ☐ No ☐ Don't know	
If Yes and available, attorney's name ar		
Mathau'a antiqual informat	·	
Mother's optional informat	iori:	
☐ African American	Mother's primary language:	
☐ American Indian or Alaska Native	Motifer's printary language.	
☐ Asian American	Is the mother hearing impaired? \Box Ye	es 🗆 No
□ Native Hawaiian Pacific Islander		23 🗆 140
☐ Hispanic	Is the mother vision impaired? \square Yes	□ No
☐ Caucasian	is the motion vision impaired: ———————————————————————————————————	
☐ Multi-racial	Does the mother require interpretation of	or translation services?
☐ Other		

Who is the child's father?		
Last Name	First Name	Middle Initial
Street Address		Apt. #
City/State/Zip		
Primary Phone	Home/Work/Cell Okay to leave a message?	Yes No
Secondary Phone	Home/Work/Cell Okay to leave a message?	Yes No
Email Address	Okay to send an email?	Yes No
Does the father have an attorney? If Yes and available, attorney's name a	☐ Yes ☐ No ☐ Don't know nd phone number	
Father's optional information	on:	
☐ African American	Father's primary language:	
☐ American Indian or Alaska Native		
☐ Asian American	Is the father hearing impaired? $\ \Box$ Yes	s 🗆 No
□ Native Hawaiian Pacific Islander		
☐ Hispanic	Is the father vision impaired? $\ \square$ Yes $\ \square$ No	
☐ Caucasian		
☐ Multi-racial	Does the father require interpretation or translation services?	
☐ Other	☐ Yes ☐ No	
Who is the family's Child F	Protection Specialist?	
Name	County	
Phone number		

Continued...

Please describe your reason for requesting Ombudsman assistance: Include as much information as you can. What happened? When, where, and who? Also, include names and contact information of other people you think have more information: Help us understand how you believe the Ombudsman can assist you: Please use additional sheets of paper as needed to explain and give us any paperwork you think will help us understand your concern:

Please tell us everything you have already done about this concern:

For example: Have you contacted the Child Protection Specialist? Have you contacted the local supervisor Have you contacted the Regional Administrator? Please give the name of anyone you have already contacted and tell us what happened so far.	r?
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What would you like to see happen for this child or family? What help to you hope to have from the Ombudsman?	

How did you hear about the Ombudsman Office?			
☐ DPHHS Employee ☐ Friend	☐ Media (TV or radio)☐ Internet☐ Directors Assistance on Phase Book		
☐ Family Member ☐ CASA/GAL	□ Directory Assistance or Phone Book□ CASA/GAL		
☐ Attorney General's Office☐ Community Professional or Service Provider Specify	☐ Conference, Training, or WorkshopSpecify☐ Other		
☐ Teacher or School Employee Specify	Specify		

If you have questions about filling out this form or would like help filling out the form, please call the Ombudsman office at 1-844-252-4453 (1-844-25CHILD) or email the Ombudsman at DOJOMBUDSMAN@mt.gov.